

Health Department, City of Baltimore.

Permit No. 98872 Office of Registrar of Vital Statistics

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edgar Vessels col.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 4 Months, 15 Days.

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 724 Hanover St

Cause of Death, { First (Primary), Probably Marasmus. Second (Immediate), Spasms. }

Duration of Last Sickness, Sick since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 29th 1887

Undertaker, Saml W Chase

Place of Business, 641 S. Howard St

Frank J Flannery M. D.

Coroner

Medical Attendant.

Address, 1701 Dr Hill ave.

Child was found dead by its mother's side at 9 o'clock, this morning. Had evidently had a Spasmodic attack. There being no marks of violence no inquest was held.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98873 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 27th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mark Hubbard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 4 Months, 7 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 305 Morris St

Cause of Death, { First (Primary), Second (Immediate), } From Pressure on throat of abscess of neck

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician

Place of Burial, Leonel Cemetery

Date of Burial, March 28 1897

{ Undertaker, William Dunge Edwin B. Jenby, M. D. Medical Attendant.

{ Place of Business, 1508 1st St Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98874

Office of Registrar of Vital Statistics.

Ward 17

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CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, _____

Color, Black

Months, 3

Days, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give Street and Number. } 1122 Clark St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Forest St

Date of Burial, March 28 87

Undertaker, Geo Perkins

Place of Business, 221 Hamburg

Address, 915 Lehigh

M. D. _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98875

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 27, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Wilhelm Meyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

2 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

All his life

Place of Death, { Give Street and Number. }

75 Portland St

Cause of Death, { First (Primary), }

Phthisis

Second (Immediate),

Bronchitis

Coughing

Duration of Last Sickness,

4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, at 2 o'clock, p.m.

W. D.

{ Undertaker, Henry Brice

Medical Attendant.

{ Place of Business, Henry Brice

Address, 578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health of Baltimore.

Permit No. 98876 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mich 27 . 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Sallie Edwards

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 61 Years, 7 Months, Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Household

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 332 Baker St. 40th

Place of Death, { Give street and Number. } 332 Baker St.

Cause of Death, { First (Primary), Heart disease
Second (Immediate), Exhaustion

Duration of Last Sickness, Come for pack 6 wks. (sinner husband)

All the above info. mation should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar 29th 1887

Undertaker, J. E. Houghs of J. E. Houghs, M. D. Medical Attendant.

Place of Business, 1408 Lemmon Ave Address, Gold & Plumer St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention is directed to the fact that the physician who attended the deceased is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

Health Department, City of Baltimore.

Permit No. 98877 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Linhart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give Street and Number. } 2112 Moyer

Cause of Death, { First (Primary), Second (Immediate), } Dropsy of Pericardium
Heart failure

Duration of Last Sickness, do not know - probably 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Mar. 29 / 87.

{ Undertaker, Frank K. Coach } J. H. Collenberg M. D.
Medical Attendant.

{ Place of Business, 822 W. Durham Address, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98878

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Helen & John R. Doenges Parents

Sex, Male or Female,

{ Cross out the word not required in this line. }

This child was a six months child, 2 hours

Age,

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

116 Hollins St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Heart Failure

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 29 1887

{ Undertaker,

John R. Doenges

{ Place of Business,

116 Hollins St.

Address,

55 W. Lombard St. M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98879 Office of Registrar of Vital Statistics. Ward 11th

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CERTIFICATE OF DEATH.

Date of Death, 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Booz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, 5 Months, 0 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 97

Place of Death, { Give Street and Number. } 97 Moores Rd

Cause of Death, { First (Primary), Second (Immediate), } Insanition

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, March 22/887

{ Undertaker, Hercules Ross } G. H. Fleming M. D. Medical Attendant.

{ Place of Business, 404 Conduit St } Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98880

Office of Registrar of Vital Statistics

Ward 15

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 28/89

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Williams

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Callo

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

259 Montgomery St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pneumonia
Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Larill Cemetery

Date of Burial,

March 29 1889

{ Undertaker,

W. H. Mosby

{ Place of Business,

404 Con...

Address,

617 Sharp St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98881

Office of Registrar of Vital Statistics.

Ward 4¹¹/₉

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CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years,

Color, White, 6 Months, 9 Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Printer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Reading Pa

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } No 1316 (164) E Fayette st

Cause of Death, { First (Primary), Second (Immediate), Phthisis Pulmonalis }

Duration of Last Sickness, Three months,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 29th

Undertaker, Chas Fossing, S Redway Andros M. D.

Place of Business, 1736 E. Balt. Address, 121 1123 E Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]